

**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1               |          |      |                        |      |                        |      |
| 2               |          |      |                        |      |                        |      |
| 3               |          |      |                        |      |                        |      |
| 4               |          |      |                        |      |                        |      |
| 5               |          |      |                        |      |                        |      |
| 6               |          |      |                        |      |                        |      |
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| 8               |          |      |                        |      |                        |      |
| 9               |          |      |                        |      |                        |      |
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| 49              |          |      |                        |      |                        |      |
| 50              |          |      |                        |      |                        |      |
| TOTAL<br>IND.   |          |      |                        |      |                        |      |
| TOTAL<br>DEP.   |          |      |                        |      |                        |      |
| TOTAL<br>CLAIMS |          |      |                        |      |                        |      |

|                 | •    |      | •    |      | •    |      |
|-----------------|------|------|------|------|------|------|
|                 | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51              |      |      |      |      |      |      |
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| 92              |      |      |      |      |      |      |
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| 96              |      |      |      |      |      |      |
| 97              |      |      |      |      |      |      |
| 98              |      |      |      |      |      |      |
| 99              |      |      |      |      |      |      |
| 100             |      |      |      |      |      |      |
| TOTAL<br>IND.   |      |      |      |      |      |      |
| TOTAL<br>DEP.   |      |      |      |      |      |      |
| TOTAL<br>CLAIMS |      |      |      |      |      |      |

**BEST AVAILABLE COPY**